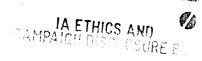
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073





FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

2008 MAY 12 AM 10: 21

COMMITTEE NAME (Must be same as on Statement of Organization) Towa Beverage Association PAC Invasional Committee (Statement of Organization) Invasional Committee (Statement of Committee) Invasional	Must be some as an Statement of Ora	anization)		
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1 Statewinde Legislative-Jungle 5 Statement St				
Candidate Name	(1) Statewide/Legislative/Judge Standing for Retention Sandon (4) County Central Committee (5) County Candidate (6) City Can Subdivision Candidate (8) County PAC (9) City PAC (10) Schoo	Wilder (7) School Board or Other Political	(For (Office Use Orlly 4143
Office Sought Office Sought Office Sought Office Sought Office Sought Office Sought District (if Senate or House) Start subject to possible divil and criminal penalties. Pursuant to lowa Code sections 688.32A(7) and 68A.401(3), the candidate, for a Start St		Dalitical Party (if applicable)	1 1	_
District (if Senate or House) Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 688.32A(7) and 68A. 401(3), the candidate, for a		Political Party (II applicable)	1 1	· · · · · · · · · · · · · · · · · · ·
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SIGNATURE OF PERSON FILING REPORT AM 19, 2008	Office Sought	District (ii Seriate of Flouse)		
SIGNATURE OF PERSON FILING REPORT AM 19, 2008		Code continue 68P 32A	7) and 684	401(3) the candidate for a
REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Amy 19, 2008	Late reports are subject to possible civil and criminal penalties.	Pursuant to lowa Code sections 665.32A(i) and oon.	1 .
REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Amy 19, 2008	Craix R. Schoenfle	515/283-1801		5/7/08
AM FILING A May 19, 2008		TELEPHONE		DATE SIGNED
(report date) □CHECK IF AMENDMENT TO REPORT DATED □ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule A) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) Sub-TOTAL SUB-TOTAL SUB-TOTAL SUB-TOTAL SUB-TOTAL CASH ON HAND at the end of this reporting period (if final report balance must be zero) No 0.00 CASH ON HAND at the end of this reporting period (if final report balance must be zero) NIN KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F) SUB-TOTAL S O.00 CASH ONN FROM Schedule B: Attach Schedule C) NIN KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F) SUB-TOTAL S O.00 CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule B - Attach Schedule H - Attach Schedule H) VALUE OF CAMPAIGN PROPERTY (From Schedule B - Attach Schedule H - Attach Schedule H) CANDIDATE COMMITTEES ONLY:				
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**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)				0.00
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VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)				
VALUE OF CAMIFACIATION EXTENSION		attach Schedule H)	\$	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	_	CK THIS BOX IF NDING FORM
Iowa Beverage Association PAC		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/25/08	ID# CK#	Fred Truax W22938 Prairiewood Drive Trempealeau, WI 54661		\$300.00	
1/25/08	ID# CK#	Cy W. Chesterman, Jr. 972 Wynstone Drive Jefferson, SD 57038		1,200.00	
2/29/08	C00039321 CK# 5996	PepsiCo Concerned Citizens Fund 700 Anderson Hill Road Purchase, NY 10577		5,000.00	
4/30/08	CK#	Gail F. Reece 218 W. 2nd Street Ponca, NE 68770		600.00	
	ID# CK#				
	ID#				
	CK#				
	CK#		SUB-TOTAL		
			· - · · · · · · · · · · · · · · · · · · ·	\$ 7,100.00	

TOTAL (if last page of this schedule)

p of any relative making a contribution to the
nity (blood relatives) and affinity (relatives by

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

7,100.00

SCHEDULE

MONETARY

Reset Form

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must he same	ac on	Statement	of Ora	onization)
COMMITTEE MAME	Musi be same	as un	Statement	or Org	amzauom)

Iowa Beverage Association PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/4/08	ID# ₁₃₉₇ CK#1012	Friends of Jim Lykam 2906 W. 35th Street Davenport, IA 52806	fundraiser	\$ 250.00
1/9/08	ID# ₆₆₂ CK# ₁₀₁₃	Rants for State House 2740 S. Glass Street Sioux City, IA 51106	fundraiser	500.00
1/9/08	ID# ₁₃₁₈ CK# 1014	Paulsen for State House Committee P.O. Box 250 Hiawatha, IA 52233	fundraiser	250.00
	ID# CK#			
	ID#			
	ID#			
	CK#			
	CK#			
	ID# CK#			
	<u> </u>		SUB-TOTA	- \$ 1,000.00

TOTAL (if last page of this schedule)

\$ 1,000.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of		